

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Health Net, Incorporated Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Collins for Senator

Mailing Address 1203 Portner Road

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Monetary contribution

Candidate Name
Susan Collins

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: ME District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXP.B.7838

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Friends of Gordon Smith

Mailing Address 228 South Washington Street, Suite

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Monetary contribution

Candidate Name
Gordon Smith

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: OR District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXP.B.7841

Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Friends of Lois Capps

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Monetary contribution

Candidate Name
Lois Capps

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 23

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXP.B.7839

Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)